Mt. Iron, MN 55768 Email: Required Client Information:

Company: USS Corporation Section A Requested Due Date: ddress: ITEM# .WS-003 Thickner Overflow WS-002 Scrubber Make-Up Pace Avalytical USS Corporation P.O. Box 417 Sample Ids must be unique One Character per box. (A-Z, 0-91, -) **SAMPLE ID** Fax MATRIX
Drinking Water
Water
Water
Water
Water
Product
Sol/Solid
Oil
Wipe
Air
Other
Tissue Project #: Project Name: Purchase Order #: Copy To: Report To: Tom Moe Required Project Information: MATRIX CODE (see valid codes to left) ₹ SAMPLE TYPE (G=GRAB C=COMP) and native NPDES-LINE 3 Wkly 11-1508, 40/1-11-75 08; 49 4.380 ST.11.1104 ;89 St.11.11 START ΉME COLLECTED PRINT Name of SAMPLER: SIGNATURE of SAMPLER: The Chain-of-Custody is a LEGAL DOCUMENT. All relevan DATE 8 11-11-15 14:50 TIME SAMPLE TEMP AT COLLECTION Address: Attention: Invoice Information: Pace Profile #: # OF CONTAINERS Pace Project Manager: Company Name: te Luette Unpreserved face march! H28O4 HNO3 Preservatives HCI NaOH heather.zika@paoelabs.com, Na2S2O3 Methanol Other Mol ZMINY ELEMENT OF LAB FILTERED: SO4 DATE Signed: Lab FILTERED: Ca,Mg,Hard WO#:1257008 CLIENT: USS CORP PM: IRZ 16-16-15 Due Date: 11/25/15 1456 TEMP in C Ž Residual Chlorine (Y/N)

ᄕᇨ 듀

Received on

(Y/N) Custody Sealed Cooler (Y/N) Samples Intact (Y/N)

Pace Analyticai*

Document Name:

Sample Condition Upon Receipt Form

Page 1 of 1

Document No.:

F-VM-C-001-Rev.09

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Document Revised: 23Feb2015

Sample Condition Upon Receipt Client Name:	<		" M	0#:1257008
Courter Trad Su Thurs	<u> </u>		h I m	U N SOI 18 6 6 S N 1 C 18 1
Courier: ☐ Fed Ex ☐ UPS ☐ Commercial ☐ Pace	USPS Other:	7	Cité	(I B BB) 16 6 (MBB) 8 656 6 DIE
Tracking Number:			12!	57008
Custody Seal on Cooler/Box Present?	₫ио	Seals I	ntact? [Yes No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Ba	ags 🔀N	one [Other:_	Temp Blank? Ziyes Zingu.
Thermometer Used: 140792808	Į	Ice: 🔀	^	· · · · · · · · · · · · · · · · · · ·
τ Λ A		٠,	o 🗸	l
Cooler Temp Read °C: Cooler Temp (Temp should be above freezing to 6°C Correction Fac	ctor: <u></u>	C:	<u>りん</u> Date and	Biological Tissue Frozen? Wes No No No I folials of Person Examining Contents:
Chain of Custody Present?	Z Yes	□No	□N/A	1.
Chain of Custody Filled Out?	✓Yes	□No	□n/a	2.
Chain of Custody Relinquished?	Z Yes	□No	□N/A	3.
Sampler Name and Signature on COC?	ŽÝes	□No	□N/A	4.
Samples Arrived within Hold Time?	Z IYes	□No	□N/A	5.
Short Hold Time Analysis (<72 hr)?	∐Yes	ØNo	□N/A	6.
Rush Turn Around Time Requested?	Yes	₽No	□N/A	7.
Sufficient Volume?	∠]Yes	□No	□N/A	8.
Correct Containers Used?	Z)Yes	□No	□N/A	9.
-Pace Containers Used?	☑Yes	□No	□N/A	
Containers Intact?	Z ÎYes	□No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	Yes	ØNo	□N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	✓Yes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix: W				
All containers needing acid/base preservation will be checked and documented in the pH logbook.	∐Yes	⊠No	□N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	∐Yes	□No	ØN/A	13.
Headspace in VOA Vials (>6mm)?	∐Yes	□No	∐N/A	14.
Trip Blank Present?	□Yes	□No	☑N/A	15.
Trip Blank Custody Seals Present?	□Yes	□No	☑ N/A	
Pace Trip Blank Lot # (if purchased):	· · ·			
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:			E	Date/Time:
Comments/Resolution:				
			·	
FECAL WAIVER ON FILE Y N		TENA	DED ATLI	DE WAIVED ON THE V. N.
TEMPERATURE WAIVER ON FILE Y N				
Project Manager Review:	W 2	(4)		Date: 11 / 11 / 15
	a compliance	samples, a	a copy of th	is form will be sent to the North Carolina DEHNR Certification Office (i.e. out o